Janet T. Mills
Governor

Jeanne M. Lambrew, Ph.D.
Commissioner

Maine Department of Health and Human Services
Office of Behavioral Health
11 State House Station
41 Anthony Avenue
Augusta, Maine 04333-0011
Tel: (207) 287-2595; Fax: (207) 287-9152
TTY: Dial 711 (Maine Relay)

May 3, 2023

Senator Joseph Baldacci, Chair
Representative Michele Meyer, Chair
Members, Joint Standing Committee on Health and Human Services
100 State House Station
Augusta, ME 04333-0100

Re: LD 1439, *An Act to Promote Family-centered Interventions for Substance Use Disorder Treatment.*

Senator Baldacci, Representative Meyer, and Members of the Joint Standing Committee on Health and Human Services:

Thank you for the opportunity to provide information for the Committee's consideration regarding LD 1439, *An Act to Promote Family-centered Interventions for Substance Use Disorder Treatment.*

It is well established through literature that those individuals with Substance Use Disorder (SUD) who have social and family support tend to have better sustained recovery. Often, family members can serve as a catalyst for individuals to engage in treatment because they are able to recognize signs and symptoms of problematic use. The Office of Behavioral Health (OBH) strongly supports treatment providers in any level of care — hospital or outpatient — to involve family, friends, guardians, and significant others when it is clinically appropriate and legal to do so.

There are, however, limitations to the ability of treatment providers to involve others in the treatment of SUD, primarily 42 CFR Part 2[1] which protects the confidentiality of SUD patient information and records. To even acknowledge that an individual has an SUD, the individual must sign a consent form that permits disclosure and or information exchange and that protection extends to family, friends, and significant or involved others. Treatment providers are obligated to maintain the confidentiality of individuals with SUD. To ensure, to the best of their ability, that treatment providers are able to actively involve family members and others in the treatment of individuals with SUD and when clinically appropriate, conversations occur that encourage patients to sign consent forms. Ultimately, however, it is the patient's right to decline the involvement of others in their treatment. It is also their right to decline treatment.

One practice, developed 20-30 years ago, that has been used to encourage individuals to engage in treatment is the substance use disorder "intervention" and those who facilitate this practice are known as professional interventionists. Although the number is quite limited, some professionally licensed clinicians are also trained as interventionists. The intervention usually takes the form of a meeting staged by family, friends, or guardians with the goal of convincing a person struggling with SUD to seek treatment. This is not considered an evidence-based practice, nor is it a service recognized by payor sources such as commercial or governmental insurers. Overall, there is a dearth of research to

[1] https://www.ecfr.gov/current/title-42/chapter-I/subchapter-A/part-2

indicate either the effectiveness or lack thereof of the use of formal interventions. There is concern from substance use treatment professionals that interventions can become confrontational and there is risk that a person struggling with SUD will feel blame and shame. An environment that risks causing blame and shame runs counter to the principles of a trauma informed care environment and runs counter to current clinical philosophy that promotes partnering with individuals in self-directed care. Moreover, individuals with SUD don't often know that an intervention will happen, and this removes their voice and choice from the situation.

The State of Maine does not license professional interventionists and does not recognize interventions as an evidence-based practice. This is not a modality reimbursed by MaineCare nor by federal grant dollars. The Office of Behavioral Health does not support nor endorse clinical practices or other intervention services that are not evidence-based and that do not have professional literature available to support and ratify the practice. It would be beyond the scope and role of of a recovery coach to be utilized for an "intervention" and further, Maine likely does not have sufficient Licensed Alcohol and Drug Counselors (LADCs) to support the approach broadly.

Additionally, provided there is independent capacity, OBH fully endorses the right to informed consent for any treatment intervention prior to the delivery of the service. The Department does not support (a) treatment without the consent of the individual who has independent capacity and (b) the use of treatments that are not evidence-based best practice.

The Office of Behavioral Health addresses many of the objectives of the bill through its recently expanded program of placing recovery coaches in emergency departments. Coaches provide information to individuals and their support networks, extract information that can help doctors make better diagnoses, and make referrals to treatment and recovery programs. It is a voluntary service in-line with evidence-based best practice and supported with federal dollars.

OBH's public awareness initiative and harm reduction campaign, OPTIONS (Overdose Prevention Through Intensive Outreach Naloxone and Safety), also supports the goals of this LD. The OPTIONS co-responder initiative embeds licensed behavioral health clinicians within local emergency medical services (EMS) and law enforcement agencies in every county across Maine. Liaisons work alongside their first responder counterparts to provide brief therapeutic interventions when appropriate; conduct proactive outreach with at-risk communities; de-escalate behavioral health crises when possible; and engage in post-overdose follow up and help with referrals. The OPTIONS public awareness campaign connects people affected by the opioid epidemic with local prevention, harm reduction, recovery, treatment, and general support resources, among other activities.

Thank you again for the opportunity to provide information. Please let us know how else we might be of service.

Sincerely,

DocuSigned by:
Sarah Squirrell
EDA0B8EAD10E4F0...

Sarah Squirrell
Director, Office of Behavioral Health